

APPLICATION FOR CHILD CARE PROGRAM/RESIDENTIAL CHILD CARE PROGRAM LICENSE

FOR OFFICE USE ONLY  
LICENSE NUMBER \_\_\_\_\_

CHECK TYPE OF APPLICATION: ☐ NEW

☐ REVISION

☐ RENEWAL

REFER TO N. H. CHILD CARE PROGRAM LICENSING RULES, HE-C 4002, AND RSA 170-E:2 (CHILD CARE) AND HE-C 4001, NH RESIDENTIAL CHILD CARE PROGRAM LICENSING RULES AND RSA 170-E:25 (RESIDENTIAL CHILD CARE) FOR REQUIREMENTS FOR EACH PROGRAM TYPE BEFORE CHECKING PROGRAM TYPE BELOW.

CHILD CARE CENTER BASED		FAMILY BASED	RESIDENTIAL CHILD CARE
<input type="checkbox"/> GROUP CHILD CARE CENTER PROGRAM	<input type="checkbox"/> SCHOOL AGE	<input type="checkbox"/> FAMILY CHILD CARE HOME	<input type="checkbox"/> GROUP HOME
<input type="checkbox"/> CHILD CARE NURSERY	<input type="checkbox"/> NIGHT CARE PROGRAM	<input type="checkbox"/> FAMILY GROUP CHILD CARE HOME	<input type="checkbox"/> CHILD CARE INSTITUTION
<input type="checkbox"/> PRE-SCHOOL PROGRAM		<input type="checkbox"/> NIGHT CARE PROGRAM	<input type="checkbox"/> INDEPENDENT LIVING HOME
			<input type="checkbox"/> OTHER

PROGRAM NAME: \_\_\_\_\_ PHONE \_\_\_\_\_

ACTUAL LOCATION ADDRESS: \_\_\_\_\_

STREET

CITY/TOWN

STATE

ZIP CODE

MAILING ADDRESS: \_\_\_\_\_

STREET

CITY/TOWN

STATE

ZIP CODE

NAME OF APPLICANT/OWNER: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

STREET

CITY/TOWN

STATE

ZIP CODE

APPLICANT/OWNER'S PHONE NUMBER: \_\_\_\_\_ E-MAIL ADDRESS IF AVAILABLE: \_\_\_\_\_

SOCIAL SECURITY NUMBER IF APPLICANT IS AN INDIVIDUAL: \_\_\_\_\_ FEDERAL TAX I.D. NUMBER IF ONE HAS BEEN ASSIGNED: \_\_\_\_\_

**NUMBER & AGE RANGE OF CHILDREN TO BE CARED FOR:**

IF YOU WANT A SINGLE LICENSE TO INCLUDE MULTIPLE BUILDINGS (CHILD CARE PROGRAMS ON THE SAME OR CONTIGUOUS PROPERTY) (RESIDENTIAL FACILITIES IN SAME GEOGRAPHICAL REGION), YOU MUST **PROVIDE THE FOLLOWING FOR EACH BUILDING:**

1. A MEANS BY WHICH WE CAN IDENTIFY THE BUILDING, I.E. BUILDING #1 & 2, FRONT BUILDING, BACK BUILDING OR, IF APPROPRIATE, THE NAME OF THE BUILDING;

2. THE MAXIMUM NUMBER OF CHILDREN AND AGE RANGE THAT WILL BE CARED FOR IN THE BUILDING.

BUILDING IDENTIFIER	MAXIMUM NUMBER OF CHILDREN	AGE RANGE TO BE CARED FOR IN EACH BUILDING
		FROM _____ YEARS _____ MONTHS TO _____ YEARS _____ MONTHS
		FROM _____ YEARS _____ MONTHS TO _____ YEARS _____ MONTHS
		FROM _____ YEARS _____ MONTHS TO _____ YEARS _____ MONTHS
		FROM _____ YEARS _____ MONTHS TO _____ YEARS _____ MONTHS
		FROM _____ YEARS _____ MONTHS TO _____ YEARS _____ MONTHS

MONTHS OF OPERATION: \_\_\_\_\_

DAYS OF OPERATION: \_\_\_\_\_

OPERATING HOURS: From \_\_\_\_\_ To \_\_\_\_\_

RESIDENTIAL CHILD CARE PROGRAMS MUST COMPLETE THIS SECTION. CHILD CARE PROGRAMS MUST COMPLETE THIS SECTION IF THEY ARE INCORPORATED.

NAME OF CORPORATION: (IF INCORPORATED)

☐ NON PROFIT

☐ FOR PROFIT

**OFFICERS OF CORPORATION:**

NAME	TITLE/POSITION	TELEPHONE NUMBER

**CENTER DIRECTOR** - CENTER BASED PROGRAMS  
**PROGRAM DIRECTOR** - RESIDENTIAL CHILD CARE PROGRAMS

**INSTRUCTIONS:**

☐ CHECK HERE AND SKIP TO THE NEXT SECTION IF THE CENTER DIRECTOR/PROGRAM DIRECTOR IS THE SAME AS ON THE PREVIOUS APPLICATION.

THE FOLLOWING SECTION REGARDING CENTER DIRECTOR/PROGRAM DIRECTOR MUST BE COMPLETED BY ALL **NEW APPLICANTS AND BY APPLICANTS FOR RENEWAL OR REVISION IF THERE HAS BEEN A NEW CENTER DIRECTOR/PROGRAM DIRECTOR SINCE THE LAST APPLICATION WAS FILED. YOU MUST ALSO SUBMIT WITH THIS APPLICATION, DOCUMENTATION OF EDUCATION AND EXPERIENCE AS REQUIRED BY LICENSING RULES.**

NAME OF CENTER DIRECTOR/PROGRAM DIRECTOR

DATE OF BIRTH

DATE THE ABOVE NAMED INDIVIDUAL BEGAN WORKING AS CENTER DIRECTOR/PROGRAM DIRECTOR:

PLEASE CIRCLE HIGHEST SCHOOL GRADE COMPLETED:      8      9      10      11      12 OR GED      13      14  
15      16 >

**POST SECONDARY EDUCATION:** TRANSCRIPTS MUST BE SUBMITTED WITH THIS APPLICATION FOR CENTER DIRECTORS/PROGRAM DIRECTORS, UNLESS ALREADY ON FILE AT BCCL.

NAME OF SCHOOL	MAJOR	DEGREE OR CERTIFICATE ACHIEVED OR NUMBER OF CREDITS EARNED	DATES ATTENDED

**RELATED EXPERIENCE**

EMPLOYER	JOB TITLE	DESCRIPTION OF RESPONSIBILITIES, INCLUDING AGES OF CHILDREN CARED FOR	DATES OF EMPLOYMENT

<b><u>FAMILY CHILD CARE PROVIDER</u></b>			
DATE OF BIRTH: _____		IF UNDER 21 YEARS OF AGE, YOU MUST COMPLETE THE EDUCATION SECTION BELOW AND SUBMIT WITH THE APPLICATION, DOCUMENTATION OF ADDITIONAL EDUCATION AS REQUIRED BY HE-C 4002.37(b) OF THE NH CHILD CARE PROGRAM LICENSING RULES.	
NAME OF SCHOOL	<u>NAME OF COURSE(S)</u>	DEGREE OR CERTIFICATE ACHIEVED OR NUMBER OF CREDITS EARNED	DATES ATTENDED

**ALL APPLICANTS MUST COMPLETE THIS SECTION.**

**CHILD CARE PROGRAMS LOCATED IN A HOME** MUST LIST ALL HOUSEHOLD MEMBERS, REGARDLESS OF AGE OR AMOUNT OF CONTACT WITH ENROLLED CHILDREN.

**RESIDENTIAL CHILD CARE PROGRAMS** MUST LIST ALL HOUSEHOLD MEMBERS WHO RESIDE IN THE PROGRAM, EXCEPT FOR CHILDREN ENROLLED IN THE PROGRAM, REGARDLESS OF AGE OR AMOUNT OF CONTACT WITH ENROLLED CHILDREN.

**OTHER INDIVIDUALS, AGE 17 AND OLDER, ALL CHILD CARE PROGRAMS AND RESIDENTIAL CHILD CARE PROGRAMS** MUST LIST ANY INDIVIDUALS WHO WILL HAVE DAILY CONTACT WITH CHILDREN ENROLLED IN THE PROGRAM, OTHER THAN CHILD CARE PERSONNEL.

NAME	RELATIONSHIP	DATE OF BIRTH

**CRIMINAL CONVICTIONS OR CURRENT CRIMINAL CHARGES**  
**CHILD ABUSE OR NEGLECT FINDINGS OR CURRENT INVESTIGATIONS**

**INSTRUCTIONS: ALL APPLICANTS MUST COMPLETE THIS SECTION, BY CHECKING YES OR NO AND, IF YES, PROVIDING THE REQUESTED INFORMATION.**

TO THE BEST OF YOUR KNOWLEDGE, AFTER QUESTIONING ALL PARTIES, ARE THERE ANY CURRENT CRIMINAL CHARGES, OR HISTORY OF CRIMINAL CONVICTIONS, OR CURRENT INVESTIGATION OR PREVIOUS FINDINGS OF CHILD ABUSE OR NEGLECT, OR ANY CURRENT INVESTIGATIONS OR PREVIOUS ADJUDICATIONS OF JUVENILE DELINQUENCY, INVOLVING ANY APPLICANT, OWNER, PROVIDER, HOUSEHOLD MEMBER, CHILD CARE PERSONNEL, BOARD MEMBER OR ANY OTHER INDIVIDUAL WHO WILL HAVE DAILY CONTACT WITH CHILDREN?

☐ NO (IF NO, MOVE TO THE NEXT SECTION.)

☐ YES (IF YES, COMPLETE THE FOLLOWING SECTION, PROVIDING AS MUCH DETAIL AS POSSIBLE.)

NAME AND POSITION OR AFFILIATION OF INDIVIDUAL	INDICATE WHETHER THIS IS A CHARGE, ALLEGATION, CONVICTION, FINDING, OR CURRENT INVESTIGATION	NAME & CITY OF COURT OR DCYF OFFICE IN WHICH CASE WAS HANDLED	DATE OF CONVICTION OR FINDING

**PLEASE CAREFULLY READ EACH STATEMENT BEFORE SIGNING. ANY APPLICATION WHICH IS NOT COMPLETED AND SIGNED AS REQUIRED, OR WHICH IS MISSING ANY OF THE ATTACHMENTS REQUIRED IN He-C 4002.03 OF THE NH CHILD CARE PROGRAM LICENSING RULES, WILL NOT BE ACCEPTED AS A COMPLETE APPLICATION AND WILL BE RETURNED TO THE APPLICANT FOR COMPLETION.**

APPLICANTS FOR LICENSE RENEWAL MUST, IN ADDITION TO THE SIGNATURE BELOW, COMPLETE AND SIGN THE FOLLOWING:

I CERTIFY THAT I HAVE READ THE RULES APPLICABLE TO THE PROGRAMS FOR WHICH I AM SEEKING A LICENSE (He-C 4002 FOR CHILD CARE PROGRAMS AND He-C 4001 FOR RESIDENTIAL CHILD CARE PROGRAMS), AND THAT THE CHILD CARE PROGRAM/RESIDENTIAL CHILD CARE PROGRAM NAMED ON THIS APPLICATION IS IN COMPLIANCE WITH ALL CRITICAL RULES.

\_\_\_\_\_  
SIGNATURE OF APPLICANT/LICENSEE

\_\_\_\_\_  
DATE SIGNED

BY SIGNING BELOW I HEREBY CERTIFY THAT:

I UNDERSTAND THAT THE DEPARTMENT MAY INVESTIGATE ANY CRIMINAL CONVICTION RECORD, FINDING OF CHILD ABUSE OR NEGLECT, OR INVESTIGATION OF OR FINAL DETERMINATION REGARDING ANY JUVENILE DELINQUENCY AND WILL MAKE A DETERMINATION REGARDING WHETHER THE INDIVIDUAL POSES A CURRENT RISK TO THE HEALTH, SAFETY OR WELL BEING OF CHILDREN;

I UNDERSTAND THAT THE DEPARTMENT MAY DELAY ITS DECISION TO APPROVE OR DENY THIS APPLICATION PENDING THE OUTCOME OF ANY INVESTIGATION, WHEN THE APPLICANT, OWNER, FAMILY CHILD CARE PROVIDER, CENTER DIRECTOR, OR PROGRAM DIRECTOR ARE NAMED AS THE PERPETRATOR IN ANY CURRENT INVESTIGATION OF ANY CRIME, OR IN AN ALLEGATION OF ABUSE OR NEGLECT;

I UNDERSTAND THAT PROVIDING FALSE INFORMATION ON THIS APPLICATION OR ANY OF THE ATTACHMENTS, OR FAILING TO DISCLOSE ANY INFORMATION REQUIRED ON THE APPLICATION, OR REQUIRED TO BE SUBMITTED WITH THIS APPLICATION, SHALL BE CONSIDERED GROUNDS FOR LICENSE DENIAL OR REVOCATION;

I HAVE RECEIVED, AND READ THE NH CHILD CARE PROGRAM LICENSING RULES/NH RESIDENTIAL CHILD CARE PROGRAM LICENSING RULES, AND UNDERSTAND THAT FAILURE TO MAINTAIN MY PROGRAM IN COMPLIANCE WITH THE APPLICABLE RULES, MAY JEOPARDIZE MY LICENSE/PERMIT AND/OR RESULT IN FINES BEING ASSESSED BY THE DEPARTMENT;

I AUTHORIZE ANY POLICE DEPARTMENT, COURT SYSTEM OR HUMAN SERVICE AGENCY IN THIS OR ANY OTHER STATE TO RELEASE COPIES OF ANY CRIMINAL RECORDS OR CHILD ABUSE OR NEGLECT RECORDS TO THE DEPARTMENT; AND

ALL INFORMATION PROVIDED AS PART OF THIS APPLICATION AND IN THE REQUIRED ATTACHMENTS IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE SIGNED

\_\_\_\_\_  
SIGNATURE OF CENTER DIRECTOR /PROGRAM DIRECTOR

\_\_\_\_\_  
DATE SIGNED

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**INDOOR & OUTDOOR CHILD CARE SPACE**

**INSTRUCTIONS:** COMPLETE THIS SECTION IF YOU ARE A **NEW APPLICANT** OR YOU ARE AN **APPLICANT FOR RENEWAL OR REVISION** AND THERE HAVE BEEN **CHANGES TO CHILD CARE SPACE**. **YOU MUST** COMPLETE A **SEPARATE PLAN FOR EACH BUILDING** WHEN THERE ARE MULTIPLE BUILDINGS. (YOU MAY COPY THIS PAGE, OR ATTACH SEPARATE SHEETS FOR EACH BUILDING.)

**THE PLAN MUST IDENTIFY:**

**A. FOR INDOOR SPACE:** FOR EACH BUILDING THAT WILL BE USED AS CHILD CARE SPACE, THE FLOOR PLAN SHALL INCLUDE:

1. ROOM DIMENSIONS;
2. LOCATION OF EXITS;
3. HOW EACH ROOM WILL BE USED;
4. THE LOCATION OF BATHROOMS AND BATHROOM FIXTURES (TOILETS & SINKS);
5. THE LOCATION OF OTHER HAND WASHING SINKS.

**B. FOR OUTDOOR PLAY SPACE:**

1. THE OVERALL DIMENSIONS OF OUT DOOR PLAY SPACE;
2. THE LOCATION OF EXITS, GATES, AND STATIONARY ,PLAY EQUIPMENT;
3. THE LOCATION OF THE OUTDOOR PLAY SPACE IN RELATION TO THE INDOOR SPACE;
4. THE PRESENCE OF, AND LOCATION OF ANY POOLS, PONDS, STREAMS, RIVERS, STREETS, ROADS OR OTHER HAZARDS THAT ARE IN CLOSE PROXIMITY.

☐ **APPLICANTS FOR RENEWAL OR REVISION MUST CHECK HERE IF THERE HAVE BEEN NO CHANGES TO CHILD CARE SPACE.**

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